

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-976)**

SERIAL NO.

541994

FILING DATE 4-3-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5						
6	1					
7		1				
8						
9		1				
10						
11		1				
12	1					
13						
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16	1					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	9					
TOTAL	16					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
61								
62								
63								
64								
65								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL								